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PATENT

Attorney Docket No. CCF-6352NP

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **Jurgen Luders, Imad Najm and Hans O. Luders**

For (title): **ELECTRICAL STIMULATION OF THE BRAIN**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

16 Pages of specification
1 Pages Abstract
3 Pages of claims
10 Sheets of drawing (Figs. 1-9)
☐ formal
☒ informal

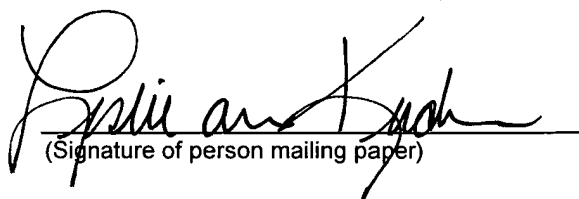
In addition to the above papers there is also attached: An Information Disclosure Statement (2 pages) and form PTO-1449 (1 page).

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date October 20, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EU712715202US addressed to the: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Leslie Ann Kuder

(Type or print name of person mailing paper)


(Signature of person mailing paper)

2. Declaration or oath:

☒ Enclosed (UNEXECUTED)

☐ Not Enclosed.

3. Language:

☒ English

☐ Non-English

☐ A verified English translation of the

☐ specification and claims

☐ declaration

is attached.

4. Assignment:

☒ An assignment of the invention to The Cleveland Clinic Foundation

☐ is attached.

☒ will follow

5. **Priority:**

The Above-identified Patent Application Claims Priority to the following Provisional Patent Application(s):

U.S.	60/420,079	October 21, 2002
(Country)	(Appln. No.)	(Filed)
(Country)	(Appln. No.)	(Filed)
(Country)	(Appln. No.)	(Filed)

6. **Fee Calculation:**
(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				\$ 385.00
Total Claims	20	-20 =	0 X	\$ 9.00
Independent Claims	2	- 3 =	0 X	\$ 43.00
*Multiple dependent claim(s), if any			0 +	\$ 140.00

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$385.00**

7. **Small Entity Statement**

- ☒ The present application will be assigned to and is being filed on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt organization) for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee \$385.00

☐ assignment recordal fee

\$ _____

☐ for processing an application with a specification in a non-English language

\$ _____

Total fees enclosed

\$385.00

9. Method of Payment Fees:

☒ check in the amount of \$ 385.00 enclosed.

☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. Instructions As to Overpayment:

☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 40,871

Richard S. Wesorick

Type or print name of attorney